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PATENT

JUN 1 8 2004 OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Minkin et al.

Art Unit: 2134

Application No. 09/663,863

Ex.: Tran, Tongoc

Filed: 09/15/2000

Date: June 18, 2004

For

SYSTEM, METHOD AND COMPUTER PROGRAM)

PRODUCT FOR RULE BASED NETWORK

SECURITY POLICIES

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (703) 872-9306 on

gned:

AMENDMENT B

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed June 04, 2004, please enter the following amendments believed to place the claims in condition for allowance.

08/02/2004 AWHITE1 00000002 501351 09663863

01 FC:1201

86.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

663869

09/10

Application or Docket Number

	CL		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY					
FOR		NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE			3		7.4		345.00	OR		690.00
TOTAL CLAIMS		33	minus 20≖	· ।ত		X\$ 9=		OR	X\$18=	234. ³⁰
INDEPENDENT CLAIMS		5	minus 3 =	• 2		X39=		OR	X78=	156.00
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	+	OR		1080,00
AMDI CLAIMS AS AMENDED - PART II						1]~	OTHER	
R 3-18-04(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	SMALL	
AMENDMENT A	RE	MAINING AFTER ENDMENT		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	29=N	/linus **	33	= 0	X\$-9=		ÓЯ	X\$18= -	-O=
	Independent • FIRST PRESENTAT	\perp	Minus ++	· J	- 0	X39=		OR	X78=	6
		ION OF MICE	HPLE VEFCIN	DENI GLAM	(/	+130=		OR	+260=	6
AMOT B						TOTA ADDIT. FE		ارما	TOTAL ADDIT. FEE	· 0
6	-18-04 C	(Column 3)	ADDITITE	· .	4	AUU11.1 LL.				
AMENDMENT B	RE	CLAIMS EMAINING AFTER ENOMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total •	26	Minus . ••	• 33	= 0	X\$ 9=	·	OR	X\$18=	.0
	Independent •	<u> </u>		• 5	=	X39=		OR	x76=	810
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	\cap
								OR	TOTAL ADDIT, FEE	860
	(C	olumn 1)	-	Column 2)	(Column 3)	ADDIT. FE			AUDIT. FELI	
AMENDMENT C	RE	CLAIMS EMAINING AFTER IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total •		Minus ••	•	=	.X\$ 9=		OR	X\$18=	
	Independent •			••	=	X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TOTAL	-
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										